PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or Fax (571)-273-2885

appropriate. All further indicated unless correct maintenance fee notifica	correspondence includi ed below or directed ot	ng the Patent, advance of the Patent, advance of therwise in Block 1, by (rders and notification of n a) specifying a new corres	ON FEE (il requi naintenance fees w pondence address;	ill be mailed to the cut and/or (b) indicating a	Tent corres separate "I	be completed when spondence address a FEE ADDRESS" fo
	ENCE ADDRESS (Note: Use B	Eeel	Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittat. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, mus have its own certificate of mailing or transmission.				
Intellectual Prop 3404 E. Harmor	ACKARD COME perty Administration		T be	Cert	difficate of Mailing or T is Fee(s) Transmittal is I ith sufficient postage fo Stop ISSUE PEE add TO (571) 273-2885, on t	ransmissio	on sited with the United
Mail Stop 35 FORT COLLINS, CO 80528				eFiled (Depositor's name)			
	,						(Signatiac)
			L				(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET N	o. con	NFIRMATION NO.
09/928.192 08/10/2001			Shell Sterling Simpson		10007680-1		6999
F	ş	·	WORK ENVIRONMENT	PREV. PAID ISSUE	The second second	201	DATE DUE
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	\$0	FEE TOTAL FEE(S).	DUE	
nonprovisional NO EXAMINER		\$1510 ART UNIT	\$300 CLASS-SUBCLASS	30 300			07/01/2010
NANO, SARGON N		2457	709-223000	3			
CFR 1.563). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. Tee Address' indication for "Fee Address" Indication form PTO/SB/47, Key 0.3-02 or more recent) attached. Use of a Customer Number is required.			(1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm thaving as a member a registered attoracy or agent) and the names of up to 2 registered patent attoracy or a				
PLEASE NOTE: Un recordation as set fort (A) NAME OF ASSI Hewlett-Pag	less an assignee is iden th in 37 CFR 3.11. Com GNEE ckard Developmen	iffied below, no assignee pletion of this form is NO nt Company, L.P.	THE PATENT (print or type data will appear on the part a substitute for filing an. (B) RESIDENCE: (CITY Houston, Text writted on the patent):	atent. If an assigna assignment. and STATE OR C	OUNTRY)		
4a. The following fee(s) are submitted: A state Fee Publication Fee (No small entity discount permitted) Advance Order - # of Copies			b. Payment of Fec(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment to Deposit Account Number 08-2025 (enclose an extra copy of thus form).				
	ns SMALL ENTITY stat	us See 37 CFR 1.27.	a b. Applicant is no long	ger claiming SMAL	J. ENTITY status. See 3	37 CFR 1.2	7(g)(2).
NOTE: The Issue Fee an interest as shown by the	d Publication Fee (if req records of the United St	uired) will not be accepte ites Patent and Trademar	ed from anyone other than the k Office.	he applicant; a regi	stered attorney or agent;	or the assig	gnee or other party is
Authorized Signature	/Jack H.	McKinney/		Date4/	13/2010		
Typed or printed name _Jack H. McKinney				Registration N	o. 45,685		
submitting the complete this form and/or suggest Box 1450, Alexandria, V Alexandria, Virginia 223	d application form to the ions for reducing this but /irginia 22313-1450. Do 813-1450	orden, should be sent to the NOT SEND FEES OR	on is required to obtain or r 1.14. This collection is est v depending upon the indiv in Chuef Information Office COMPLETED FORMS TO espond to a collection of infi	r. U.S. Patent and THIS ADDRESS	mments on the amount Trademark Office, U.S. . SEND TO: Commission	of time you Department oner for Pat	a require to complete it of Commerce, P.O tents, P.O. Box 1450